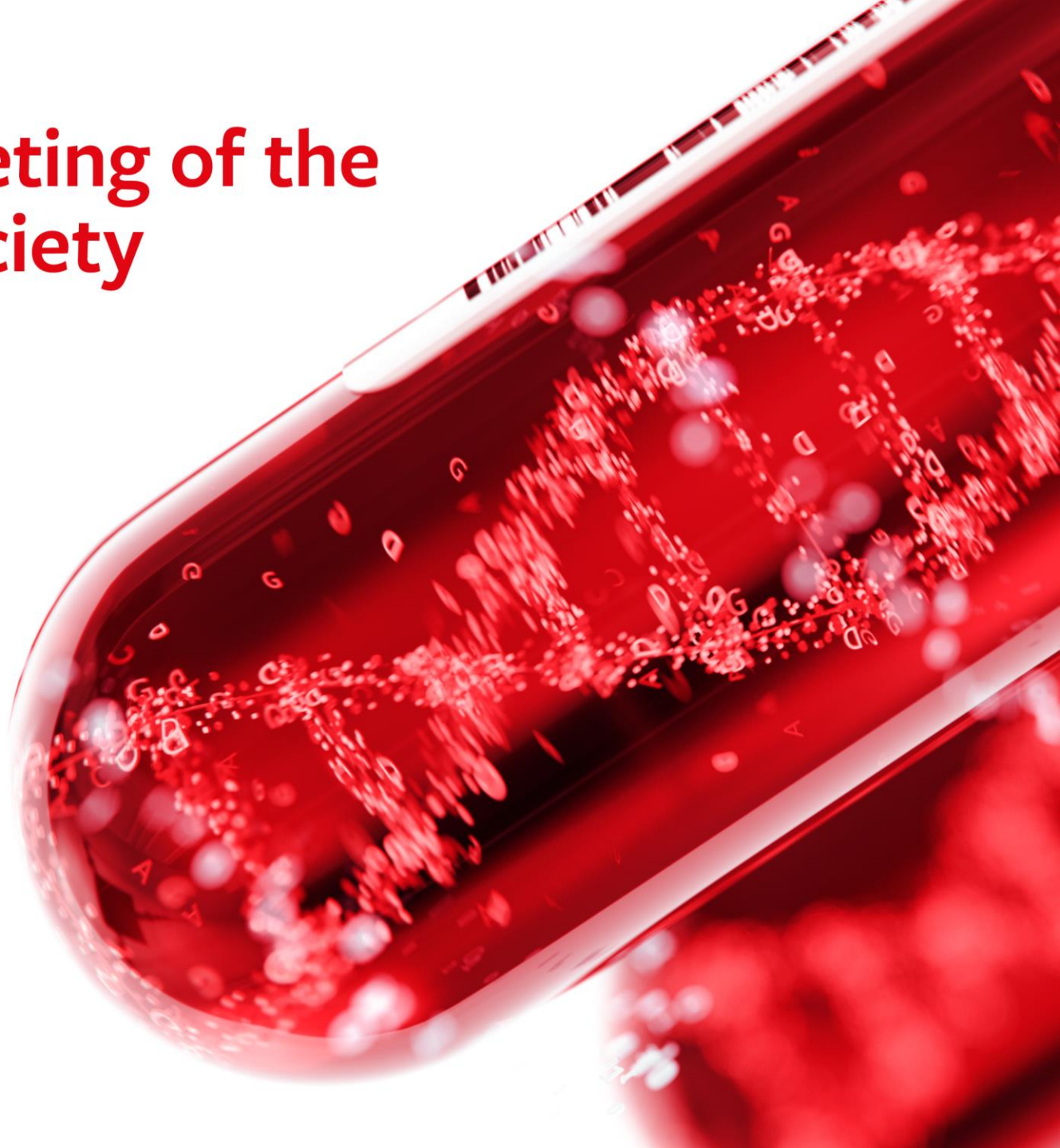
39th General Annual Meeting of the Belgian Hematology Society

February 2-3, 2024
Dolce La Hulpe, Brussels

face-to-face Meeting



BHS
Belgian Hematology Society

BHS MM active study group members

33 members
3 new members in 2023:
- Dr. Veerle Galle (Gent)
- Dr. Ornella Rizzo (HUB)
- Dr. Koen Theunissen (Jessa)

1 outgoing member:
- Dr Philippe Mineur

- Greet Bries
- Géraldine Claes
- Julie Dallemagne
- Julien Depaus
- Bernard De Prijck
- Anne Deweweire
- Jo Caers
- Lien Deleu
- Michel Delforge (chair)
- Hilde Demuynck
- Hadewijch De Samblanx
- Anne Deweweire
- Chantal Doyen
- Karel Fostier
- Veerle Galle
- Caroline Jacquy
- Alain Kentos
- Nicolas Kint
- Helena Maes
- Nathalie Meuleman
- Fritz Offner
- Ornella Rizzo
- Alexander Salembier
- Rik Schots
- Koen Theunissen
- Isabelle Van de Broek
- Jan Van Droogenbroeck
- Ann Van de Velde
- Marie-Christiane Vekemans
- Marie Vercruyssen
- Géraldine Verstraete
- Katrien Voet
- Ka Lung Wu

BHS MM study group meetings in 2023

- ✓ May 8th
- ✓ September 18th
- ✓ November 20th

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BHS MM study group: achievements

- Guidelines
- Study protocols
- MRD network
- other

BHS MM study group: achievements

- **Guidelines**
- Study protocols
- MRD network
- other

BHS MM study group: guidelines (1)

Multiple myeloma
2023 Practical recommendations for front-line therapy.

MC. Vekemans, M. Meuleman, N. Kint, G. Claes C. Doyen, V. Galen, C. Jacquy, H. Maes, O. Rizzo, A. Salembier, H. Schots, G. Verstraete, M. Delforge, on behalf of the members of the Myeloma Subgroup of the Belgian Society of Hematology.

Submitted to Belgian Journal of Hematology

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BHS MM study group: guidelines (2)

Multiple myeloma
2023 Practical recommendations for the management of early relapses.

MC. Vekemans, N. Kint, G. Claes C. Doyen, V. Galen, C. Jacquy, H. Maes, N. Meuleman, O. Rizzo, A. Salembier, H. Schots, G. Verstraete, M. Delforge, on behalf of the members of the Myeloma Subgroup of the Belgian Society of Hematology.

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BHS MM study group: guidelines (3)

Practical recommendations for the management of late relapses in multiple myeloma

N Kint et al.

Ready to be submitted to Belgian Journal of Hematology

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BHS MM study group: achievements

- Guidelines
- **Study protocols**
- MRD network
- other

TECTONIC trial

Prospective observational study on the clinical efficacy of teclistamab in patients with relapsed and refractory multiple myeloma

Protocol: Teclistamab in R/R MM

Version number: v1.0 **– Date 8 DEC 2023**

Sponsor

UZ Leuven Gasthuisberg

Coordinating Investigator

Michel Delforge (UZ Leuven)

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TECTONIC trial: study objectives

	In this study, the investigators will perform a collaborative effort to prospectively assess efficacy and safety of teclistamab treatment.
Primary objective	To assess the clinical efficacy of the anti-BCMA/CD3 bispecific antibody teclistamab in a prospective, real-life setting in Belgium.
Secondary objective(s)	To assess the safety of teclistamab in a prospective, real-life setting in Belgium.
Endpoints	Primary endpoint: Overall response (partial response or better according to the IMWG response criteria) Secondary endpoints: - Survival data: Progression-free survival (PFS), Overall survival (OS) - Safety: incidence and severity of adverse events with focus on hematological AE's (≥ grade 3), cytokine release syndrome (CRS) rate, Immune effector cell-associated neurotoxicity syndrome (ICANS) and infections (≥ grade 2) - Evaluation of clinical benefit: depth of response, Time to Response (TTR), duration of Response (DOR), MRD status, time to next treatment (TTNT).
Sample size	100 patients
Maximum duration a research subject remains in the study	24 months, starting from date of first administration.

TECTONIC trial: timelines

Data collection: maximum 24 months

Efficacy

Safety

Teclistamab administration

Screening	1st step up dose	2nd step up dose (Separated 2 to 4 days from the 1st step-up dose)	1st treatment dose (Separated 2 to 4 days from the 2nd step-up dose)	Weekly treatment dose until disease progression (Days 1, 8, 15, and 22 of a 28-day cycle)	End of treatment - 24 months treatment with teclistamab - Progressive disease - Teclistamab treatment discontinuation - Withdrawal of consent - Death - Lost to follow up

BHS MM study group: achievements

- Guidelines
- Study protocols
- **MRD network**
- other

MMOVE: MRD network

MRD Workflow

Minimal Residual Disease

UZ Leuven

Next generation flow (NGF)

Reference hospital: **UZ Leuven**

Contactdetails

Prof. Dr. Klin. Biol. Nancy Boeckx
Dr. Klin. Biol. Mercedeh Tajdar

Tel laboratory :+32 16 34 70 00

Email: lag_flowcytometrie@uzleuven.be

More information?
Janssen Customer Service Center
0800 93 377
janssen@jacbe.jnj.com
www.janssen.com/belgium

1 Patient selection

- Hematologist, Clinical biologist
- After frontline or second line treatment
- Only for patients in CR (within 3 months after CR)
- No age restrictions
- Sustained MRD can be requested with a timing of min. 6 months after the initial follow up sample
- Maximum 2 test per year per patient
- When the result is MRD+, more requests can be done with a maximum of 4 tests per year per patient

2 Sample extraction

- By hematologist/assistant/lab
- Only on Monday, Tuesday or Wednesday
- Preferably in the afternoon
- Must be kept at room temperature
- Sample fixation on EDTA or heparine
- Min. 4ml
- First part of the aspirate must be sent for flow cytometry

3 Sample shipment

- Sample must be analysed ***within 24h after*** extraction (evening/morning after extraction)
- Shipment by lab of the referring hospital
- Announce sample shipment to UZ Leuven via lag_flowcytometrie@uzleuven.be
- Fill in ***request form*** and add to packed sample with following information : Number of analysis (9475 NGF MRD + patient information (incl. therapy of patient))

4 Sample transport

- Packed individually
- Standard transport/own transport service- *own resources*
- Room temperature

5 Arrival at UZ Leuven

- Clinical lab UZ Leuven
- On Monday, Tuesday, Wednesday
- OR Thursday morning: between 11h30-12h00 at the latest
- Sample needs to be at the working post at the latest 13h

6 MRD testing

- Max. 24 hours after extraction
- MRD testing = 2,5 hours
- Analytics MRD results
- Possible remarks on sample quality are included on report (eg. Cytose, sample volume, clinical information from sample extraction)

7 Sharing of MRD results

- Via normal channels: fax and mail (similar to other requests)
- Automatically in KWS
- Depends on preference clinical biologist of referral hospital
- Within 14 days, unless communicated otherwise (exceptions)

8 Related Costs

- Transport costs
- Test falls under normal routine (partial subcontracting)

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MRD Request form

Minimal Residual Disease

UZ Leuven

Laboratoriumgeneeskunde

Reference hospital: **UZ Leuven**

Contactdetails

Prof. Dr. Klin. Biol. Nancy Boeckx
Dr. Klin. Biol. Mercedeh Tajdar

Tel labo: :+32 16 34 70 00

Adress: Herestraat 49, 3000 Leuven

Email: lag_flowcytometrie@uzleuven.be
nancy.boeckx@uzleuven.be
mercedeh.tajdar@uzleuven.be

9475 NGF MRD – MRD request form

Patient identification (fill in or paste a sticker)
Last name:
First name:
Gender:
Date of birth:
Adress :

Social security name:
Social security number:
INSZ/NISS number:
Clinical center:

Responsible clinician (fill in or put a stamp):
Name:
RIZIV number:
Signature :

Date of diagnosis:
Type of MM diagnosis: (IgG, IgK,...) :

Sample specs.

Sample details

Date sample taken : ... / ... / 20...
Time sample taken : .....

Sample time point

o 1. Follow up : Date of complete response ...../ ..... / 20...
Therapy : .....

o 2. Follow up (min. 6 months after follow up sample 1)
Therapy : .....

o Other: .....
Therapy :.....

Results of analysis to be sent to (Physician, lab, ..) .....

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BHS MM study group: other achievements

- Submission to ‘Technisch Geneeskundige Raad’ of revised criteria for reimbursement of serum free light chains and immunofixation
- Advising role to CTG/CRM on reimbursement of new therapies in MM
- Participation in the multi-stake holder ‘multiple myeloma task force’ from the government

Outlook for 2024

- Stand-alone meeting on bispecifics in multiple myeloma (march 15)
- Building a network for diagnosis, treatment and research on amyloidosis (BE-Amycon)
- Development of guidelines on supportive care in multiple myeloma
- develop a CAR T cell board for MM

BHS MM study group stand alone meeting

Title: Optimizing the use of bispecific antibodies in multiple myeloma

Format: **live symposium**

Date: **Friday march 15th 2024 14 – 18h**

Location: Hof ter Musschen, Woluwe

Target audience: hematologists, hematologists-in-training, nurse specialists

Expected number of participants: 20-30

Potential sponsors: Janssen, Pfizer, Roche

Symposium outline:

13u45-14u	arrival	
14u-14u05:	welcome and introduction	M. Delforge

Part 1: BCMA targeting agents: chair N Meuleman

14u05 - 14u30:	clinical results with BCMA targeting bispecifics	J. Depaus
14u30 – 15u:	managing side effects of BCMA targeting bispecifics	M. Delforge
15u – 15u20	panel discussion	
15u20 – 15u45	*coffee break*	

Part 2: Other targets: chair MC Vekemans

15u45 - 16u15:	clinical results with non-BCMA targeting bispecifics	J. Caers
16u15 – 16u45:	managing side effects of non-BCMA targeting bispecfics	N Kint
16u45 – 17u15:	panel discussion including therapeutic strategies post-bispecific treatment	
17u30:	closure	

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